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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 19200-000020/US

First Inventor Christer ULLBERG

Title SCANNING-BASED DETECTION OF IONIZING RADIATION FOR  
TOMOSYNTHESIS

Express Mail Label No. \_\_\_\_\_

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|--|--|--|--|
| <b>APPLICATION ELEMENTS</b>  |  | <b>ADDRESS TO:</b>   |  |
| See MPEP chapter 600 concerning utility patent application contents.   |  | Commissioner for Patents<br>Box Patent Application<br>P.O. Box 1450<br>Alexandria, VA 22313-1450   |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original and a duplicate for fee processing)</small><br>2. <input type="checkbox"/> Applicant claims small entity status.<br><small>See 37 CFR 1.27.</small><br>3. <input checked="" type="checkbox"/> Specification <small>(Total Pages</small> <input type="text" value="13"/> <small>)</small><br><small>(preferred arrangement set forth below)</small><br>- Descriptive title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table,<br>or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings ( <i>if filed</i> )<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program ( <i>Appendix</i> )<br>8. Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies   |  |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) <small>[Total Sheets</small> <input type="text" value="2"/> <small>]</small><br>5. Oath or Declaration <small>[Total Pages</small> <input type="text" value="4"/> <small>]</small><br>a. <input checked="" type="checkbox"/> Newly executed (original)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br><small>(for a continuation/divisional with Box 18 completed)</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br><small>Signed statement attached deleting inventor(s)<br/>           named in the prior application, see 37 CFR<br/>           1.63(d)(2) and 1.33(b).</small><br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  |  | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 C.F.R.\$3.73(b) Statement <input type="checkbox"/> Power of<br><small>(when there is an assignee)</small> Attorney<br>11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS<br><small>Citations</small><br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small><br>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122<br><small>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br/>           or its equivalent.</small><br>17. <input type="checkbox"/> Other: _____ |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP)      of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
 Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| Name (Print/Type)   | John A. Castellano  |   | Registration No. (Attorney/Agent)                     | 35,094            |              |
| Signature   |  |   | Date  | September 9, 2003 |              |

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## FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 415.00)

Complete if Known

|                    |                   |
|--------------------|-------------------|
| Application Number | NEW               |
| Filing Date        | September 9, 2003 |
| Inventor(s)        | Christer ULLBERG  |
| Examiner Name      | Unknown           |
| Group / Art Unit   | Unknown           |

Attorney Docket No. 19200-000020/US

| METHOD OF PAYMENT (check one)   |                       |                       |                       | FEE CALCULATION (continued)  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
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| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number 08-0750<br><br>Deposit Account Name Harness, Dickey & Pierce, P.L.C.<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |                       |                       |                       | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>410</td><td>216</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>930</td><td>217</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,450</td><td>218</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,970</td><td>228</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>141</td><td>1,300</td><td>241</td><td>650</td><td>Petition to revive – unintentional</td><td></td></tr> <tr><td>142</td><td>1,300</td><td>242</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>470</td><td>243</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>630</td><td>244</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>Total Claims</td><td>14</td><td>-20 **</td><td>=</td><td>X =</td><td></td><td></td></tr> <tr><td>Independent Claims</td><td>2</td><td>-3 **</td><td>=</td><td>X =</td><td></td><td></td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td>X =</td><td></td><td></td><td></td></tr> <tr> <td>Large Entity Fee (\$)</td><td>Fee Code</td><td>Small Entity Fee (\$)</td><td>Fee Description</td><td>Fee Paid</td><td></td><td></td></tr> <tr><td>101</td><td>750</td><td>201</td><td>375</td><td>Utility filing fee</td><td>375.00</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td><td></td></tr> <tr><td>107</td><td>520</td><td>207</td><td>260</td><td>Plant filing fee</td><td></td><td></td></tr> <tr><td>108</td><td>750</td><td>208</td><td>375</td><td>Reissue filing fee</td><td></td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td><td></td></tr> <tr><td colspan="4">SUBTOTAL (1)</td><td>(\$ 375)</td><td></td><td></td></tr> <tr> <td>2. EXTRA CLAIM FEES</td><td></td><td>Extra Claims</td><td>Fee from below</td><td>Fee Paid</td><td></td><td></td></tr> <tr><td>Total Claims</td><td>14</td><td>-20 **</td><td>=</td><td>X =</td><td></td><td></td></tr> <tr><td>Independent Claims</td><td>2</td><td>-3 **</td><td>=</td><td>X =</td><td></td><td></td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td>X =</td><td></td><td></td><td></td></tr> <tr> <td>Large Entity Fee (\$)</td><td>Fee Code</td><td>Small Entity Fee (\$)</td><td>Fee Description</td><td>Fee Paid</td><td></td><td></td></tr> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td><td></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td><td></td></tr> <tr><td colspan="4">SUBTOTAL (2)</td><td>(\$ )</td><td></td><td></td></tr> <tr><td colspan="6">*Reduced by Basic Filing Fee Paid</td><td>SUBTOTAL (3) (\$ 40.00)</td></tr> <tr><td colspan="6">**or number previously paid, if greater; For Reissues, see above</td><td></td></tr> </tbody> </table> |          |                         |  | Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 410 | 216 | 205 | Extension for reply within second month |  | 117 | 930 | 217 | 465 | Extension for reply within third month |  | 118 | 1,450 | 218 | 725 | Extension for reply within fourth month |  | 128 | 1,970 | 228 | 985 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive – unavoidable |  | 141 | 1,300 | 241 | 650 | Petition to revive – unintentional |  | 142 | 1,300 | 242 | 650 | Utility issue fee (or reissue) |  | 143 | 470 | 243 | 235 | Design issue fee |  | 144 | 630 | 244 | 315 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | Total Claims | 14 | -20 ** | = | X = |  |  | Independent Claims | 2 | -3 ** | = | X = |  |  | Multiple Dependent |  |  | X = |  |  |  | Large Entity Fee (\$) | Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |  |  | 101 | 750 | 201 | 375 | Utility filing fee | 375.00 |  | 106 | 330 | 206 | 165 | Design filing fee |  |  | 107 | 520 | 207 | 260 | Plant filing fee |  |  | 108 | 750 | 208 | 375 | Reissue filing fee |  |  | 114 | 160 | 214 | 80 | Provisional filing fee |  |  | SUBTOTAL (1) |  |  |  | (\$ 375) |  |  | 2. EXTRA CLAIM FEES |  | Extra Claims | Fee from below | Fee Paid |  |  | Total Claims | 14 | -20 ** | = | X = |  |  | Independent Claims | 2 | -3 ** | = | X = |  |  | Multiple Dependent |  |  | X = |  |  |  | Large Entity Fee (\$) | Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |  |  | 103 | 18 | 203 | 9 | Claims in excess of 20 |  |  | 102 | 84 | 202 | 42 | Independent claims in excess of 3 |  |  | 104 | 260 | 204 | 140 | Multiple dependent claim, if not paid |  |  | 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent |  |  | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |  |  | SUBTOTAL (2) |  |  |  | (\$ ) |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | SUBTOTAL (3) (\$ 40.00) | **or number previously paid, if greater; For Reissues, see above |  |  |  |  |  |  |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 105   | 130                   | 205                   | 65                    | Surcharge - late filing fee or oath  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 127   | 50                    | 227                   | 25                    | Surcharge - late provisional filing fee or cover sheet.  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 139   | 130                   | 139                   | 130                   | Non-English specification  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 147   | 2,520                 | 147                   | 2,520                 | For filing a request for reexamination   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 112   | 920*                  | 112                   | 920*                  | Requesting publication of SIR prior to Examiner action   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 113   | 1,840*                | 113                   | 1,840*                | Requesting publication of SIR after Examiner action  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 115   | 110                   | 215                   | 55                    | Extension for reply within first month   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 116   | 410                   | 216                   | 205                   | Extension for reply within second month  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 117   | 930                   | 217                   | 465                   | Extension for reply within third month   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 118   | 1,450                 | 218                   | 725                   | Extension for reply within fourth month  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 128   | 1,970                 | 228                   | 985                   | Extension for reply within fifth month   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 119   | 320                   | 219                   | 160                   | Notice of Appeal   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 120   | 320                   | 220                   | 160                   | Filing a brief in support of an appeal   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 121   | 280                   | 221                   | 140                   | Request for oral hearing   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 138   | 1,510                 | 138                   | 1,510                 | Petition to institute a public use proceeding  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 140   | 110                   | 240                   | 55                    | Petition to revive – unavoidable   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 141   | 1,300                 | 241                   | 650                   | Petition to revive – unintentional   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 142   | 1,300                 | 242                   | 650                   | Utility issue fee (or reissue)   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 143   | 470                   | 243                   | 235                   | Design issue fee   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 144   | 630                   | 244                   | 315                   | Plant issue fee  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 122   | 130                   | 122                   | 130                   | Petitions to the Commissioner  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 123   | 50                    | 123                   | 50                    | Processing fee under 37 CFR 1.17 (q)   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 126   | 180                   | 126                   | 180                   | Submission of Information Disclosure Stmt  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| Total Claims  | 14                    | -20 **                | =                     | X =  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| Independent Claims  | 2                     | -3 **                 | =                     | X =  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| Multiple Dependent  |                       |                       | X =                   |  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| Large Entity Fee (\$)   | Fee Code              | Small Entity Fee (\$) | Fee Description       | Fee Paid   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 101   | 750                   | 201                   | 375                   | Utility filing fee   | 375.00   |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 106   | 330                   | 206                   | 165                   | Design filing fee  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 107   | 520                   | 207                   | 260                   | Plant filing fee   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 108   | 750                   | 208                   | 375                   | Reissue filing fee   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 114   | 160                   | 214                   | 80                    | Provisional filing fee   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| SUBTOTAL (1)  |                       |                       |                       | (\$ 375)   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 2. EXTRA CLAIM FEES   |                       | Extra Claims          | Fee from below        | Fee Paid   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| Total Claims  | 14                    | -20 **                | =                     | X =  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| Independent Claims  | 2                     | -3 **                 | =                     | X =  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| Multiple Dependent  |                       |                       | X =                   |  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| Large Entity Fee (\$)   | Fee Code              | Small Entity Fee (\$) | Fee Description       | Fee Paid   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 103   | 18                    | 203                   | 9                     | Claims in excess of 20   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 102   | 84                    | 202                   | 42                    | Independent claims in excess of 3  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 104   | 260                   | 204                   | 140                   | Multiple dependent claim, if not paid  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 109   | 84                    | 209                   | 42                    | ** Reissue independent claims over original patent   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| 110   | 18                    | 210                   | 9                     | ** Reissue claims in excess of 20 and over original patent   |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| SUBTOTAL (2)  |                       |                       |                       | (\$ )  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid   |                       |                       |                       |  |          | SUBTOTAL (3) (\$ 40.00) |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |                       |                       |                       |  |          |                         |  |          |                       |                       |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |     |     |     |                    |        |  |     |     |     |     |                   |  |  |     |     |     |     |                  |  |  |     |     |     |     |                    |  |  |     |     |     |    |                        |  |  |              |  |  |  |          |  |  |                     |  |              |                |          |  |  |              |    |        |   |     |  |  |                    |   |       |   |     |  |  |                    |  |  |     |  |  |  |                       |          |                       |                 |          |  |  |     |    |     |   |                        |  |  |     |    |     |    |                                   |  |  |     |     |     |     |                                       |  |  |     |    |     |    |  |  |  |     |    |     |   |  |  |  |              |  |  |  |       |  |  |                                   |  |  |  |  |  |                         |  |  |  |  |  |  |  |

| SUBMITTED BY      |                    | Complete (if applicable)        |        |           |                        |
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